

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43282**

FILED JAN 10 1952

Registrar's No. **11199**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1002		Registrar's No. 11199		
1. PLACE OF DEATH a. COUNTY 1				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY 2.068				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 6		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		0		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Louis City Hospt. #1				d. STREET ADDRESS (If rural, give location) 5706 Easton Ave.				
3. NAME OF DECEASED (Type or Print) Lawrence			a. (First)			b. (Middle)		
e. Riegert			c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) 12 18 1951		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH March 9 1889		
9. AGE (In years last birthday) 62		10. MONTHS 62		10. DAYS 62		10. HOURS 62		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) Scott Co. Mo. 0		
12. CITIZEN OF WHAT COUNTRY? USA			13a. FATHER'S NAME Louis Riegert			13b. MOTHER'S MAIDEN NAME Dont Know		
14. NAME OF HUSBAND OR WIFE Francis Riegert			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO			16. SOCIAL SECURITY NO.		
17. INFORMANT'S SIGNATURE OR NAME Francis Riegert			ADDRESS 6318 Isabella Ave			18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) 18. CAUSE OF DEATH		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Neuroborage following surgical removal of cancer of rectum at City Hospital on Dec 18 1951			II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. exact time unknown			INTERVAL BETWEEN ONSET AND DEATH		
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR 154X			22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 2:40a m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Wm. J. Clark			23b. ADDRESS 1300 Clark			23c. DATE SIGNED 12/18/51		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12/19/51		24c. NAME OF CEMETERY OR CREMATORY Calvary Cem.		24d. LOCATION (City, town, or county) (State) St. Louis Mo.		
DATE REC'D BY LOCAL REG. DEC 18 1951			REGISTRAR'S SIGNATURE J. Earl Smith W O'			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jos. W Clark 1125 Hodiamont Ave.		

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed *Alfred J. Bodeker*
Licensed Embalmer No. *2663*

P. O. Address *1125 Hodianna*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.